

Kennedy Space Center Lift Plan for Construction Contractors

This document is for use by construction contractors performing work for Kennedy Space Center. It is recommended for all lifts and will satisfy the lift planning requirements in accordance with OSHA and NASA regulations and contract requirements. A lift plan is mandatory when: 1) lifting personnel with a crane, 2) the load exceeds 75% of the crane's capacity in a given configuration, 3) the lift requires more than one crane, 4) during demolition when the actual weight or structural integrity of the load are in doubt, 5) when the operation is within a boom length of power lines, 6) when lifting over active work areas, occupied buildings, or public roadways, or 7) lifts of submerged or partially submerged objects. For further assistance, please contact the KSC Institutional Safety Office at 867-SAFE.

| | | | | | |
|---|--|---|---|---------|-----|
| 1. Company Name | | Name and Signature of Person Preparing this Lift Plan | | 2. Date | |
| 3. Project Name and Job Location | | | | | |
| 4. Load Description | | | | | |
| 5. Crane Description - Type, Manufacturer, Model # <i>(multiple crane lifts require separate plan for each crane)</i> | | | | | |
| 6. Lift Description <i>(attach diagram of lift and load placement)</i> | | | | | |
| LOAD | | | CRANE (continued) | | |
| 7. Load Condition <i>(describe)</i> | | | 27. Radius at Set-down | | ft |
| 8. Known Center of Gravity? <i>(Attach diagram)</i> | | | 28. Capacity at minimum boom angle / maximum radius <i>(Attach copy of actual load chart used)</i> | | lbs |
| 9. Source of Load Weight <i>(attach a copy of drawings, calculations, bill of lading, etc.)</i> | | | 29. Maximum load on crane for this lift (Gross Load from Block 20) | | lbs |
| 10. Load Weight Empty | | lbs | 30. Percentage of the crane's rated capacity in this configuration | | % |
| 11. Weight of Load Contents / Fluids | | lbs | JIB/FLY | | |
| 12. Weight of Auxillary Block | | lbs | 31. Erected _____ Stowed _____ Stored _____ | | |
| 13. Weight of Main Block | | lbs | 32. If jib / fly is used: Length = _____ Angle = _____ | | |
| 14. Weight of Lifting Beam (See Block 50) | | lbs | 33. Rated capacity of jib / fly from chart = _____ | | |
| 15. Weight of Slings / Shackles / Other Rigging (See Blocks 42 thru 52) | | lbs | 34. Weight of Jib if installed but not in use | | lbs |
| 16. Deduction for Jib / Fly (if applicable) (See Block 34) | | lbs | CRANE SETUP/OTHER CONSIDERATIONS | | |
| 17. Weight of Hoist Rope (if applicable) | | lbs | 35. Soil conditions / level / underground hazards / Crane mat required? | | |
| 18. Weight of Auxillary Head/Rope (if applicable) | | lbs | 36. Outriggers (full / partial) / pads / matting / on rubber? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 19. Additional Deductions (list if applicable) | | lbs | 37. Buildings, equipment, or structure to lift / swing over? | | |
| 20. Gross Load (Add Block 10 thru 19) | | lbs | 38. Travel required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| CRANE | | | 39. Working quadrants / swing restrictions? | | |
| 21. Boom Configuration | | | 40. High voltage / electrical hazards/other hazards? | | |
| 22. Boom Length | | ft | 41. Other Considerations? <i>(Head room, winds, taglines, traffic, etc.) Add to Block 6</i> | | |
| 23. Counterweight | | lbs | RIGGING | | |
| 24. Boom angle at Pick-up | | ° | 42. Slings (number, size, type) | | |
| 25. Radius at Pick-up | | ft | 43. Slings rated capacity per configuration (See Block 45) | | |
| 26. Boom angle at Set-down | | ° | 44. Total Weight of slings | | lbs |

| RIGGING (continued) | | | REQUIRED ATTACHMENTS | |
|---|----------------|----------------------------|--|--------------------------|
| 45. Hitch (vertical, basket, choker) Sling Configuration Angle _____ deg | | | 53. Load placement diagram showing location of pick & final place points | <input type="checkbox"/> |
| 46. Shackles (number, size) | | | 54. Rigging diagram with sling angles, expected loads, & load CG | <input type="checkbox"/> |
| 47. Shackles rated capacity | | | 55. Photocopy of actual load charts used to calculate crane capacity | <input type="checkbox"/> |
| 48. Total Weight of Shackles | | lbs | 56. Rigging certifications | <input type="checkbox"/> |
| 49. Spreader Beam/Other rigging required? (Type, Size, Capacity) | | | 57. Rigging load limit charts (Safe Working Load Limit) | <input type="checkbox"/> |
| 50. Weight of Spreader Beam/other rigging | | lbs | 58. Crane certification (Annual/Daily Checklist) | <input type="checkbox"/> |
| 51. Connection to Load capacity each (lugs, bollards, pad eyes, none) | | | 59. Operators certification | <input type="checkbox"/> |
| 52. Total Weight of all rigging (Add lines 44, 48, 50 and 51) | | lbs | 60. Rigger qualification document(s) | <input type="checkbox"/> |
| | | | 61. Narrative of lift procedures (See item 6) | <input type="checkbox"/> |
| | | | 62. Source of load weight (See Items 8 & 9) | <input type="checkbox"/> |
| | | | 63. Others _____ | |
| I certify that all information contained herein has been reviewed for accuracy and correctness. | | | | |
| Submitting Official Signature _____ | | Name & Title _____ | | Date _____ |
| FOR NASA USE ONLY (please initial) | | | | |
| Institutional Safety: | Accept: _____ | Accept with Changes: _____ | Not Accepted: _____ | |
| Lifting Device's Equipment Manager: | Accept: _____ | Accept with Changes: _____ | Not Accepted: _____ | |
| Contracting Officer: | Approve: _____ | Disapprove: _____ | | |
| Instructions for Kennedy Space Center Lift Plan for Construction Contractors | | | | |
| <ol style="list-style-type: none"> 1. Name of contractor performing the lift. Include name of person preparing this lift plan. 2. Date lift plan was prepared. 3. Project name and actual location of lift. 4. Describe the load and any special considerations. 5. Self-explanatory. 6. Brief description of pickup and placement of load. Attach diagrams as necessary. 7. Describe the load and any special considerations (e.g., dry, solid, filled with liquid, empty, stable, unstable, etc.). 8. Is the load's center of gravity known? If so where is it documented? Attach diagram. (On Lift Plan Worksheet) 9. Document the source of load weight (e.g., drawings, calculations, bill of lading, etc.). 10. - 18. Self-explanatory. (On Lift Plan Worksheet) 19. List all additional deductions and weights. 20. Add Block 10 through Block 19. (On Lift Plan Worksheet) 21. Describe boom configuration. Refer to manufacturer's terminology. 22. - 27. Self explanatory. (On Lift Plan Worksheet) 28. Crane's rated capacity at minimum boom angle / maximum radius. Figure worst case between pick and place. 29. Copy Gross Load from Block #20. 30. Block #29 divided by Block #28. 31. Check to indicate jib / fly erected, stowed, or stored off the crane. 32. If the Jib is used, enter the length of the boom in feet and the angle in degrees. (On Lift Plan Worksheet) 33. List the Jib capacity from the Fly from chart. 34. The weight of the jib if it is installed on the boom but is not being used during the lift. (On Lift Plan Worksheet) 35. Describe site, soil, stability conditions and any underground hazards or concerns. 36. Describe outrigger setup and required matting if applicable. (On Lift Plan Worksheet) 37. Describe considerations for buildings, structures, or equipment which will be under the load during the lift. 38. Describe crane travel with load on the hook if required. 39. Describe planned crane working quadrant(s) and any swing restrictions. 40. Describe any electrical hazards or concerns in close proximity to the crane. 41. Describe other considerations of note such as restricted head room, use of taglines, reduced wind limitations, traffic control, etc. 42. Describe slings to be used. 43. In the planned configuration, list the maximum rated capacity the sling can lift in lbs. (On Lift Plan Worksheet) 44. The weight of the sling to be used. 45. The type of hitch to be used and its sling configuration angle (choker, vertical, basket). (On Lift Plan Worksheet) 46. Describe shackles to be used, number and size. 47. The maximum rated capacity each shackle can lift in lbs. 48. The total weight of all shackles used. 49. List Spreader beam / other rigging used. State type, size, and capacity. 50. Self explanatory. 51. Self explanatory. (On Lift Plan Worksheet) 52. The total weight of all rigging that will be used. 53. - 63. Self explanatory. | | | | |

Lift Planning Worksheet

17. Aux Hoist / Whip Line
Not in Use

43. Sling Capacity

45. Sling Angle

49. Rigging Attach
Point Capacity

12. Hook / Overhaul Ball Wt.

32. Jib Extension Length

32. Jib Extension Offset

Hoisting Point

- ☐ Main Boom
☐ Extension
☐ Jib
☐ Aux Boom Head

17. Boom Point Elevation

24. Boom Angle

24. Pick

26. Set

17. Parts of Line

22. Max Boom Length

25. Load Radius
at Pickup

13. Load Block
Weight

27. Load Radius
at Set

23. Counterweight
and Configuration
Designation

36. Outrigger Position

- ☐ Full
☐ Mid
☐ Retracted
☐ On Tires

52. Rigging Weight

(10,11) Load weight

y

x

z

(8) Load COG

x
y
z

Refer to operator's manual and all notes and warnings for crane-specific information

Load Weight Field Verification

| Lift | Equipment Item | Weight | Crane Operator's Verification (Name & Initials) |
|----------|-----------------|--------|--|
| 1 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Total Weight: | | |
| | Maximum Radius: | | |
| 2 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Total Weight: | | |
| | Maximum Radius: | | |
| 3 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Total Weight: | | |
| | Maximum Radius: | | |
| 4 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Total Weight: | | |
| | Maximum Radius: | | |
| 5 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Total Weight: | | |
| | Maximum Radius: | | |